Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 11/28/2013 | Address: | 200 North Cowen St | |
|---|--|---|---|--|
| Incident #: | 13ISPC011717 | | Garrett, IN | |
| County : | Dekalb | | 46738 | |
| Type of Laboratory Seizure (check one) Seizure Location (check all that apply) | | | | |
| ☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: | |
| (check all that | l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s): | <u>etc)</u> | | |
| Red Phosphorous/Iodine Reaction(s): | | | | |
| ☐ Hydrochloric Acid Gas Generator(s): | | | | |
| Flammable Solvents: | | | | |
| Water Reactive Metal (Lithium): | | | | |
| Anhydrous Ammonia: | | | | |
| Corrosive Acid: | | | | |
| | Base: | | | |
| Other (item and location): | | | | |
| Vehicle Info | rmation: | | | |
| Owner: VIN: Year: | Nathan T. Sturges JNKCA21A9XT766152 1999 | Make: Model: | Infinity I30 | |
| Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often | | Living condi unclean Estimated let occurring: | Estimated length of time manufacturing had been | |
| This report | has been faxed* or emailed to the fo | llowing agencies th | at serve the location: | |
| Health Depar | nent City, Township or County <u>Garrett</u> rtment County: <u>DeKalb</u> of Child Services Hotline: <u>dcshotlinere</u> | Fax: E-MA | | |
| | ormation regarding this methamphetar Officer: <u>Trent Kiefer</u> Phon | mine laboratory, cont ne <u>800-552-0976</u> | tact | |
| *This form is to b | e faxed to the Fire Department, Health Depar | tment and/or Departmen | t of Child Services listed within 24 hours of | |

scene processing.